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Simple Treatment for Chronic Female Infections

ABOUT A THIRD OF WOMEN who come to see me have seen an average of four physicians previously and have had therapy for a chronic yeast infection. The trouble is, they do not have an infection at all; they have a mucositis due to some sort of irritating substance. I will just make one generalization: If a substance is colored, if it has a fragrance, or if it is alkaline, it is bad news for the vaginal mucous membrane. And, I think, as a general rule, you can treat these patients symptomatically with acidification and drying.

I have my patients—when they bathe or shower—wash the soap film off the vulvar and vaginal skin surfaces carefully, and dry themselves off thoroughly with a soft cotton towel. Then I have them use a hair dryer to dry off the vulva, the intertriginous area, so that they are dry, and then have them powder themselves with cornstarch or baby powder. I think cornstarch is preferable because it does not have a fragrance. And, again, if it has a fragrance, there is a potential for it to be an allergen.

Having the patient use a hair dryer and cornstarch, a washing routine, and acidification with boric acid means that you may never find out what the nature of the problem was, but I guarantee that you will make these patients more comfortable.

There are some potential irritants that you should be taking specific histories about. Opulent soaps are the absolute chief offender. What I recommend is white Dove soap. Another thing that I want to just remind you about is colored toilet paper. The first question for women with persistent urethritis is: What color is the toilet paper in your bathroom? If it is blue, have them change it. And again you will be amazed, and I think you will be gratified, with how some of these seemingly unsolvable mysteries can be solved by considering fairly mundane things: perfumes, spermicides, spermicidal jellies, chlorinated pools, feminine hygiene sprays, deodorant tampons.

I think it is important to discuss candidly with your patients issues like their masturbation habits or whether they have anal intercourse. A substantial proportion of women with recurrent nonspecific bacterial vaginosis who stop having anal intercourse do not have bacterial vaginosis anymore.

—JOHN H. GROSSMAN III, MD

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